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APPLICANTS

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TITLE

Device for restorative dentistry

PTO-2040
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ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS Sheets Dwg. Figs. Dwg. Print Fig.		CLAIMS ALLOWED Total Claims Print Claim for O.G.	
	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED 	
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